

for ending an era of enormous expansion and example to the rest of the world, which the Western World is just beginning to follow on. It is hard to believe.

But listen to what the chairman said and hope in the next 24 hours we can do this, because we can. And, sir, we must.

Under the rules, President Ford, I believe, has free access to the floor. I wish he would come on here and talk to each of us one on one.

The PRESIDING OFFICER. The Senator from Delaware.

Mr. ROTH. First of all, let me thank the distinguished ranking member of the Finance Committee, Senator MOYNIHAN, for his eloquent remarks. All I can say is, we must not let that happen. And with the kind of bipartisan spirit we had in the Finance Committee, it will not happen.

MORNING BUSINESS

Mr. ROTH. Mr. President, I ask unanimous consent that there now be a period for the transaction of morning business, with Senators permitted to speak for up to 10 minutes each.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. ROTH. Mr. President, I yield the floor.

Mr. REED addressed the Chair.

The PRESIDING OFFICER. The Senator from Rhode Island.

Mr. REED. I would like to be recognized to conduct morning business.

The PRESIDING OFFICER. Without objection, it is so ordered.

PRIVILEGE OF THE FLOOR

Mr. REED. I ask unanimous consent that privileges of the floor be granted to Rebecca Morley of my staff.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. REED. I thank the Chair.

NATIONAL CHILDHOOD LEAD POISONING PREVENTION WEEK

Mr. REED. Mr. President, I rise today to speak with respect to National Childhood Lead Poisoning Prevention Week. Because of the efforts of my colleagues, Senator COLLINS, Senator TORRICELLI, and myself, this Senate passed a bipartisan resolution a last week to commemorate, during the week of October 24 to 30, National Childhood Lead Poisoning Prevention Week.

I think it is appropriate to recognize this problem that is taking place throughout this country and also recognize what we are trying to do to alleviate this great problem.

As a preliminary point, let me commend my colleague, Senator COLLINS, for her great efforts in this regard. She has been a true leader in this issue. She has been someone who has fought the good fight with respect to this problem. She has participated legislatively.

I was very pleased and honored a few weeks ago to have her join me in Providence, RI, for a hearing on this issue. I look forward to joining her in a few weeks in Maine so we can examine the experience in her home State.

I also want to commend my colleague, Senator TORRICELLI, who also is very active as a leader in this effort. Indeed, Senator TORRICELLI and I have introduced legislation, the Children's Lead SAFE Act of 1999, which is critically important to the future of our children in the United States.

This importance has been underscored and highlighted by two recent reports—one earlier this year in January of 1999 by the General Accounting Office, and another report that has been released recently under the auspices of the Alliance To End Childhood Lead Poisoning and the National Center for Lead-Safe Housing.

Both of these reports underscore the need for additional efforts to eliminate childhood exposure to lead and also to provide additional support for screening and treatment of children who are exposed to environmental lead.

Regrettably, there are too many children in this country who are exposed to lead, typically through old lead paint that may be in their home. It is particularly critical and crucial to children who are at a very young age, under the age of 6, because their body is much more likely to absorb this environmental hazard, and also because those are exactly the times in which brain nervous systems are developing, where cognitive skills are being developed. We know lead is the most pernicious enemy of cognitive development in children.

In the United States, too many children are poisoned through this constant exposure to low-levels of lead in their atmosphere. This exposure leads to reduced IQ, problems with attention span, hyperactivity, impaired growth, reading and learning disabilities, hearing loss, and a range of other effects.

Lead poisoning is entirely avoidable, if we have the knowledge and the resources and the effort to prevent young children from being exposed to lead.

In January of this year, as I indicated, the General Accounting Office highlighted the problems in the Federal health care system with respect to lead screening and followup services for children.

We have policies that require all Medicaid children to be screened for lead. Sadly, we have not achieved that level of 100 percent screening. We want to reach that goal. Then after screening all of the children in the United States who may be vulnerable to lead poisoning, we want to ensure these children have access to followup care. Identifying poisoned children is only the first step and is only effective when coupled with proper follow-up care.

Most recently, we received information about that follow-up care from a report, the title of which is: "Another Link in the Chain: State Policies and

Practices for Case Management and Environmental Investigation for Lead-Poisoned Children." As I indicated, this report was sponsored by the Alliance To End Childhood Lead Poisoning and the National Center for Lead-Safe Housing.

This report presents a State-by-State analysis of data which suggests, first, there have been some innovative steps taken by the States, but unfortunately there are disappointing gaps in the screening and treatment of children who are exposed to lead throughout the United States.

There is also a great range among the States in their response to this problem of childhood lead poisoning. In my own State of Rhode Island, we have taken some very aggressive steps. Last week, we dedicated a lead center in Providence, RI, which provides comprehensive services for lead-poisoned children, including parent education, medical followup for children who have been exposed, and transitional housing. Many times the source of the pollution is in the home of these children, and because of their low income, there is no place for them to go unless there is this transitional housing. This is an innovative step forward. I am very pleased and proud to say it has taken place in my home State.

If you look across the Nation, you find much less progress. Nearly half of the States have no standards for case management and, thus, the quality of care lead poisoned children receive is often not consistent with public health recommendations. There is no real way to ensure these children are getting the type of care they need because there are no case management policies. Only 35 States have implemented policies that address when an environmental investigation should be performed to determine the source of a child's lead poisoning. There are many States where there is no way to determine where the source of the pollution is coming from that is harming the child.

In addition, the report points out that despite the availability of Medicaid reimbursement for environmental investigation and case management, more than half the States have not taken advantage of this Medicaid reimbursement. In addition, despite the emphasis we have in Medicaid on screening children, only one-third of the States could report on how many of their lead poisoned children were enrolled in Medicaid, suggesting that screening data are not being coordinated, and there really is not comprehensive, coherent screening policy in all too many States.

Senator TORRICELLI and I have proposed legislation that would address these deficiencies. The legislation will improve the management information systems so States know how many children are screened and how many children have been exposed. We also encourage them to integrate all the different agencies and institutions and programs that serve children so we can